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Bulletin

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EDITOR

**Safeguarding
Swimming Pools.**

The California State Board of Health, under the law, has supervision over the sanitation, healthfulness, cleanliness and safety of public swimming pools within the state, together with authority to make and enforce rules and regulations pertaining to the sanitation of such places. Since there are 500 public swimming pools in California, the inspection of pools and the issuance of permits to proprietors of such establishments, constitutes considerable work.

Permits to operate public swimming pools are required under the provisions of chapter 63, acts of 1917, any of which are revocable or subject to suspension at any time if it is determined that the place is conducted in a manner that may be dangerous to the public health.

The regulations governing the sanitation of swimming pools require:

1. That the bacterial contamination of the water in the pool shall be maintained at a practical minimum;

2. That the water in the pool shall at all times of use be sufficiently transparent to permit a person standing at the side of the pool to see the bottom of the pool where the depth of the water is six feet or less;

3. That dressing rooms, hallways, toilet rooms, shower rooms or other places to which patrons of a bath house have access, shall be kept clean and well ventilated at all times;

4. That facilities shall be provided

for adequately protecting the pool water against unnecessary sputum contamination by bathers;

5. That all persons known or suspected of being afflicted with infectious diseases shall be excluded from the pool;

6. That contamination of the pool resulting from lack of personal cleanliness shall be reduced to a minimum;

7. That construction and appliances shall be such as to reduce to a practical minimum danger of drowning and of injury to bathers from falls or collision; and

8. That bathing suits and towels, when distributed to bathers by the pool management, shall be free from excessive bacterial contamination.

The enforcement of these regulations are effective in reducing the number of cases of communicable diseases contracted in swimming pools. It must be remembered, however, that infectious material from the nose and throat of an infected person may float upon the purest of pool water, only to be the source of infection for other persons who may come into contact with it. In spite of the high standards maintained, a well person entering a common pool with other individuals may contract a common cold or other disease from the body discharges of other bathers. The maintenance of high standards of sanitation reduces the hazard to a minimum, but no one can enter a common pool with other persons without taking a certain risk of contracting an infection.

Death Rate Too High Among American Mothers.

Five nations maintain better infant mortality rates than the United States, and sixteen nations have lower death rates for mothers. The American Child Health Association makes the following statement regarding infant and maternal mortality in the United States.

"One newspaper is quoted as stating that the most important happening in this country last year was the birth of 2,000,000 children.

How many of them lived? This is not known accurately, because there remain eighteen states whose registration of births is so incomplete as to exclude them from the birth registration area. Of the thirty states in this country within the registration area, one child in every thirteen born dies during its first year. If the same ratio applies to the states whose birth registration is incomplete we have a total loss of 190,000 American children a year.

That is startling, but it is a long way from the day when parents were considered fortunate if they were able to bring up two out of every three of their children.

Still, it leaves us behind five other nations, including New Zealand, the best off of all countries which keep books on their greatest asset. New Zealand loses only one in twenty of its children during the first year.

But there are things almost as bad as death. There are children unfitted or not half-fitted for life. And there are hordes of them just enough handicapped physically or mentally to be drawn into the ranks of those who may labor long but receive little happiness or substance.

Here are some of the handicaps (the figures may be taken as approximately correct):

Studies made in many communities indicate that millions of American school children suffer from malnutrition or physical defects, most of which can be prevented and many of which can be corrected.

They range from 75 per cent with dental defects, to one-half of one per cent with organic heart trouble. In between come those with tuberculosis, defects of vision, etc.

Then, as to mothers:

According to the United States Census Bureau, 17,800 women in the United States of America died from conditions caused by childbirth in 1919. In 1920 the rate rose to eight per 1000. In Italy, crowded as she is, only five mothers die per 1000.

Sixteen nations have a lower death rate for mothers in childbirth than we have.

To focus attention upon the above facts, without at the same time attempting to indicate some of the ways out, would be of little service. May Day, which is celebrated by children in many communities, perhaps offers the best opportunity to combine incentives to increased outdoor life for children with efforts toward a knowledge of what to do next in child health and child health education."



Every Home Should Be a Health Center.

The American Child Health Association, in its statement announcing the observance of May 1 as Child Health Day says:

"Viewing the situation as a whole it is clear that the one most important element in the field of child health is the home and family group.

The home is the natural health center. Outside agencies are only expert assistants to it. This means that the privilege and duty of maintaining the children's health belongs decidedly to the heads of the home.

There is a tendency at present for this responsibility to be shifted over to outside agencies, such as the schools, health centers, clinics, and official health departments. The health function of the home needs to be practiced and encouraged with the outside agencies endeavoring not to encroach upon, but to render assistance to the home in this activity.

There is no doubt that the child's health is very greatly affected by school attendance and other activities outside the home. But the influences of the home act upon the child so very many more hours of each day, week, month and year that their effect is bound to be many times more profound and lasting, and they, in the largest measure, determine the child's health career. No matter how well the school may labor, habits of living, of thought and of behavior are almost entirely products of the home.

The things in the home which have influence on the health of the children are:

1. The health of the parents and other members of the family.
2. Living conditions in the home, such as cleanliness, airiness, sunlight, crowding, personal harmony or discord.
3. Diet.
4. Training.
5. Recreation.
6. Medical and dental supervision."

Fifteen Rules For Mothers.

If a child does not eat the proper foods, it may be the mother's fault. Dr. Douglas A. Thom, child specialist, says in the May *Hygeia* that mothers should ask themselves the following questions to see if they are making any of the mistakes indicated:

1. *Do you fret about what your child eats and whether he is getting enough?* If so, very likely at every meal-time you make him the star actor in a little drama, and every child likes to be the center of attention.

2. *Do you talk about his eating habits to other persons in his presence?* If so, any child would feel important and want to keep up being different.

3. *Do you insist on feeding him after he is old enough to feed himself just because it is easier than to teach him?* Better let him spill a little until he learns, than to become dependent and fretful.

4. *Is some one else in the family very particular about his foods?* Of course, a child likes to imitate older persons.

5. *Do you choose plain, nourishing, easily digested foods and cook them well?*

6. *Do you let your child taste everything that grown persons have?* A child used to having tea, coffee and highly-seasoned foods and too many sweets has lost a healthy appetite.

7. *Do you serve food as attractively as you can and not in too large quantities?*

8. *Do you feed your child regularly?* A child can not go too long without food, but eating between meals means that his little stomach is overworked.

9. *Do you find that he sleeps poorly, is irritable, has violent tempers or strange fears?* If so, not only his eating but his other habits are probably disarranged.

10. *Do you know that a child who is angry, fearful or worried can not digest food properly?* Overcome the emotion first and then let him eat.

11. *Do you create an unpleasant scene in an effort to make him eat?*

12. *Do you create jealousy by denying to one child what another has?* The child who is refused what the other children have should know why.

13. *Do you try to show your authority by making a child eat anything just because you say so?* It is better to show that you are reasonable and expect him to be; that you consult his preferences when you can, but if a food is needed for health, he must try to learn to like it.

14. *Do you suggest to the child your own doubt as to whether he is going to eat?* A child is quick to refuse if he senses that you expect him to, and as

quick to eat what is offered without question.

15. *Are you so afraid of your child's missing a meal that when he refuses what you give him you provide something else?* Missing a meal will not hurt him. Leave the food twenty or thirty minutes and then take it away and give nothing else until the next meal.



An American Health Congress.

In order to give health workers from every part of the country a bird's-eye view of the public health movement in its broadest aspects, the National Health Council at 370 Seventh avenue, New York City, has planned for an American Health Congress to be held at Atlantic City during the week of May 17, 1926.

The leading authorities on each phase of the public health movement, such as tuberculosis, cancer, heart disease, blindness, social and mental hygiene, public health nursing, preventable diseases, and positive health education for both children and adults, will present the latest and most authoritative findings and programs for the solution of these problems.

Among the groups that will cooperate in the congress are the following members of the National Health Council:

American Child Health Association, American Heart Association, American Public Health Association, American Red Cross, American Social Hygiene Association, American Society for the Control of Cancer, Conference of State and Provincial Health Authorities of North America, National Committee for Mental Hygiene, National Committee for the Prevention of Blindness, National Organization for Public Health Nursing, National Tuberculosis Association, United States Children's Bureau, United States Public Health Service, and Women's Foundation for Health.

In addition to these groups, it is anticipated that leading health associations of Canada, Mexico and elsewhere will cooperate in this congress.

The American Nurses Association, the National Organization for Public Health Nursing, and the National League of Nursing Education will hold their regular biennial meeting during this same week at Atlantic City. The General Federation of Women's Clubs will meet directly after the congress.

Already well organized plans are under way. The Atlantic City convention authorities and the hotels will cooperate to the fullest extent. The Steel Pier has been engaged for headquarters and meetings will be held there.

MORBIDITY.***Diphtheria.**

102 cases of diphtheria have been reported, as follows: Los Angeles 25, San Francisco 17, Oakland 14, Pacific Grove 1, Santa Clara County 4, Glendale 2, Bakersfield 2, Orange County 1, Alameda 4, Callexico 1, Sacramento 4, Fresno 3, Pasadena 1, Alhambra 1, Maywood 1, Hermosa Beach 2, Manhattan Beach 1, Berkeley 1, Albany 2, Rio Vista 1, Alameda County 1, Monterey County 1, Sonoma County 2, San Bernardino 1, Los Angeles County 4, Long Beach 2, San Jose 1, Fresno County 1, Dinuba 1.

Scarlet Fever.

120 cases of scarlet fever have been reported, as follows: Los Angeles 30, Long Beach 15, Los Angeles County 9, Oakland 6, San Francisco 7, Watts 3, Daly City 3, San Jose 1, Alameda 1, Riverside 1, Merced 1, Callexico 2, Monrovia 1, Huntington Park 3, Pomona 3, South Gate 2, Santa Clara County 4, San Mateo County 1, Bakersfield 1, San Joaquin County 3, Stockton 3, Kern County 3, San Diego 3, Berkeley 2, Pasadena 2, Redlands 1, Redwood City 1, Plymouth 1, Stanislaus County 2, Colusa County 1, Fresno County 4.

Measles.

105 cases of measles have been reported, as follows: Los Angeles 61, Los Angeles County 11, Huntington Park 9, San Francisco 9, Oakland 3, Stockton 1, San Diego 1, Berkeley 1, San Jose 1, Riverside 1, Pasadena 2, Modesto 1, El Monte 1, Monrovia 2, Redlands 1.

Smallpox.

177 cases of smallpox have been reported, as follows: Los Angeles 47, San Francisco 17, Riverside County 14, Oakland 14, San Diego 9, Los Angeles County 9, Long Beach 10, Monterey County 10, Sutter County 7, Imperial County 5, Glendora 7, Berkeley 5, Burlingame 2, Orange County 3, San Rafael 1,

Santa Clara County 1, Huntington Park 2, San Diego County 2, Sacramento 1, Fresno 1, San Jose 4, Alhambra 1, Chico 1, Glendale 2, Bakersfield 1, Ontario 1.

Whooping Cough.

440 cases of whooping cough have been reported, as follows: Los Angeles 58, Berkeley 58, San Francisco 53, Los Angeles County 30, Manteca 21, San Diego 19, Stockton 19, San Joaquin County 15, Glendale 23, Pasadena 15, Monrovia 18, Riverside 12, Long Beach 5, Palo Alto 6, Alameda 5, Sacramento 6, National City 8, Alhambra 6, Hawthorne 5, Riverside County 6, Tuolumne County 5, Corona 9, San Jose 4, Ventura County 1, San Luis Obispo County 1, San Bernardino 1, El Monte 1, Fresno 4, Huntington Park 4, Pomona 2, Santa Ana 1, Orland 1, Watsonville 2, San Gabriel 2, Ventura 1, Monterey County 2, Lodi 2, Oakland 3, Redlands 2, Sonora 1, Fresno County 1, Dinuba 1, Kingsburg 1.

Typhoid Fever.

10 cases of typhoid fever have been reported, as follows: Los Angeles County 1, Modesto 1, Solano County 1, Imperial County 1, Alhambra 1, San Francisco 4, Los Angeles 1.

Epidemic Meningitis.

Fresno reported two cases of epidemic meningitis.

Poliomyelitis.

11 cases of poliomyelitis have been reported, as follows: Los Angeles 5, Oakland 1, Los Angeles County 2, San Bernardino 1, National City 2.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Los Angeles 2, Oakland 1.

*From reports received on April 27 and 28 for week ending April 25.

COMMUNICABLE DISEASE REPORT.

Disease	1925				1924			
	Week ending			Reports for week ending April 25 received by April 28	Week ending			Reports for week ending April 26 received by April 29
	April 4	April 11	April 18		April 5	April 12	April 19	
Anthrax.....	0	0	0	0	1	0	0	0
Chickenpox.....	322	254	301	304	437	451	409	359
Diphtheria.....	131	112	90	102	209	236	233	199
Dysentery (Bacillary).....	1	3	1	3	4	0	2	0
Epidemic Encephalitis.....	4	2	3	3	7	0	6	2
Epidemic Jaundice.....	0	0	0	0	0	0	0	0
Epidemic Meningitis.....	2	2	3	2	6	2	0	1
Gonorrhoea.....	50	95	109	112	159	105	66	58
Influenza.....	147	45	61	36	26	33	18	17
Leprosy.....	0	1	1	0	0	1	0	0
Malaria.....	3	0	1	0	0	3	3	1
Measles.....	136	106	105	105	1297	1671	1282	1182
Mumps.....	394	229	330	435	86	69	65	61
Pneumonia.....	101	114	76	49	156	89	64	55
Poliomyelitis.....	1	3	1	11	2	1	1	0
Scarlet Fever.....	144	119	114	120	278	268	224	179
Smallpox.....	168	121	164	177	280	412	377	300
Syphilis.....	116	172	131	100	155	125	105	84
Tuberculosis.....	199	261	282	163	179	278	215	262
Typhoid Fever.....	9	8	15	10	83	19	22	17
Whooping Cough.....	330	358	486	440	59	57	42	36
Totals.....	2258	2005	2274	2172	3424	3820	3134	2813